

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS

Plaintiff

v.

Defendant

**APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT**

CASE NUMBER:

I, \_\_\_\_\_ declare that I am the (check appropriate box)

☐ petitioner/plaintiff/movant                      ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?                      ☐ Yes                      ☐ No                      (If "No," go to Part 2)

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past **six** months' transactions.

2. Are you currently employed?                      ☐ Yes                      ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Disability or worker's compensation payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

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AO 240 Reverse (Rev. 9/96)

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4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☐ No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☐ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

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Date

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Signature of Applicant

## CERTIFICATE

(Prisoner Accounts only)

(To be completed by the Institution of incarceration)

I certify that the applicant named herein has the sum of \$ \_\_\_\_\_ on account to his/her credit at the \_\_\_\_\_ institution where he is confined. I further certify that the applicant likewise has the following securities to his/her credit according to the records of said institution:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_. I further certify that during the past six months the applicant's average balance was \$ \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Officer of Institution

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## ORDER OF COURT

The application is hereby denied.

\_\_\_\_\_  
United States Judge

\_\_\_\_\_  
Date

The application is hereby granted. Let the applicant proceed without prepayment of cost or fees or the necessity of giving security therefor.

\_\_\_\_\_  
United States Judge  
or Magistrate Judge

\_\_\_\_\_  
Date